

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	PERSONAL CARE COMPOSITIONS WITH PORTABLE PACKS
Attorney Docket Number::	4506-1025
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	4
Small Entity?::	Yes
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent	No
Appl.?::	

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: UNITED KINGDOM AND NEW ZEALAND  
Status:: Full Capacity  
Given Name:: CARL  
Middle Name:: ERNEST  
Family Name:: ALEXANDER  
City of Residence:: KENT  
State or Province of  
Residence::  
Country of Residence:: UNITED KINGDOM  
Street of Mailing CHURCH HOUSE, HIGH HALDEN  
Address::  
City of Mailing Address:: KENT  
State or Province of Mailing Address::  
Country of Mailing Address:: UNITED KINGDOM  
Postal or Zip Code of Mailing Address:: TN26 3JB

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: NEW ZEALAND  
Status:: Full Capacity  
Given Name:: FRANCIS  
Middle Name:: WILLIAM  
Family Name:: GRAYSON  
City of Residence:: AUCKLAND  
State or Province of  
Residence::  
Country of Residence:: NEW ZEALAND  
Street of Mailing 50 ORAKEI ROAD, REMUERA  
Address::  
City of Mailing Address:: AUCKLAND  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND

Postal or Zip Code of Mailing Address:: 1005

**Correspondence Information**

Correspondence Customer 000466  
Number::

**Representative Information**

Representative Customer	000466
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
NEW ZEALAND	523 946	1/31/03	Yes

**Assignment Information**

Assignee Name:: PBL TECHNOLOGY LIMITED  
Street of Mailing Address:: 41 Veronica St.,  
New Lynn  
City of Mailing Address:: AUCKLAND  
State or Province of Mailing Address::  
Country of Mailing Address:: NEW ZEALAND  
Postal or Zip Code of Mailing Address::